PTO/SB/22 (12-04)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005	Docket Number (Optional) 466992001400								
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)									
Application Number 10/801,623	Filed Ma	Filed March 15, 2004							
For METHODS AND COMPOSITIONS FOR ASSAYING HOMOCYSTEINE									
Art Unit 1651	Examiner	Examiner S. Fernandez							
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):									
Fee	Small Entity Fee	ориши коо осион.,.							
One month (37 CFR 1.17(a)(1)) \$120	\$60	\$							
X Two months (37 CFR 1.17(a)(2)) \$450	\$225	\$ 450.00							
Three months (37 CFR 1.17(a)(3)) \$1020	\$510	\$							
Four months (37 CFR 1.17(a)(4)) \$1590	\$795	\$							
Five months (37 CFR 1.17(a)(5)) \$2160	\$1080	\$							
Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number O3-1952 Have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number 43,543 attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34									
		November 3, 2005							
Signature	Date								
Peng Chen Typed or printed name	(858) 720-5117 Telephone Number								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. X Total of 1 forms are submitted.									
									

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FEE TRANSMITTAL For FY 2005 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 450.00 Attomity Docket No. 466992001400 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 03-1952 Opposit Acco	Under the Paperwork Reduction Act or 1995, no person are required to				respond to a concess		plete if Know		control number.			
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Application training small entity status. See 37 CFR 1.27						Chong-Sheng YUAN						
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Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number 03-1952 Deposit Account Name: Morrison & Foerster LLP	TOTAL AMOU	NT OF PAYMENT	(\$) 450	.00	Attorney Docke	t No.	46699200140	66992001400				
Normal Person P	METHOD OF PAYMENT (check all that apply)											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee (es(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments Credit any o	Check Credit Card Money Order None Other (please identify):											
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(Attorney/Agent) 43,343 Telepriorie (636) 720-5117	SUBMITTED BY											
Name (Print/Type) Peng Chen Date November 3, 2005	Signature	C	~~~			43,543	Telephone	(858) 72	0-5117			
137	Name (Print/Type)	Peng Chen					Date	November	3, 2005			